

VIRGINIA'S 2015 MATERNAL AND CHILD HEALTH BLOCK GRANT (Title V)
Virginia Department of Health
Executive Summary



May 2014

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The Title V Maternal and Child Health (MCH) Block Grant funds are used to improve the health of women, infants, children, adolescents and children with special health care needs in the Commonwealth of Virginia. While MCH programs are available to all women, infants and children, emphasis is placed on women of childbearing age, low-income populations and those who do not have access to health care.

Section 32.1-77 of the *Code of Virginia* authorizes the Virginia Department of Health (VDH) to prepare and submit to the U.S. Department of Health and Human Services the state Title V plan for maternal and child health services and services for children with special health care needs and the Commissioner of Health is authorized to administer the plan and expend the Title V funds. Within the VDH, the Office of Family Health Services (OFHS) administers the grant. The mission of the Office of Family Health Services is to provide the leadership, expertise and resources that enable all Virginia residents to reach and maintain their optimum level of health and well-being throughout their life.

Virginia's FY 2015 Title V Block Grant allocation is approximately \$11.9 million. Federal law mandates that at least 30 percent of the federal grant funds be spent on preventive and primary care services for children and at least 30 percent of the funds be spent on services for children with special health care needs (CSHCN). Other major requirements for the block grant include the following:

- Prepare and submit a standardized application by July 15th of each year.
- Conduct a statewide needs assessment every five years that shows the need for 1) preventive and primary care services for pregnant women, mothers and infants; 2) preventive and primary care services for children; and 3) family-centered, community-based services for children with special health care needs and their families.
- Submit a plan for meeting the needs identified by the 5 year needs assessment and a description of how the funds will be used.
- Provide a three dollar match for every four federal Title V Block Grant dollars.
- Maintain or make available a state toll-free number to provide parents with information about health care providers who provide services under Title XIX and other relevant health related information.
- Coordinate the MCH Block Grant activities with other health programs to avoid duplication.
- Provide outreach services to pregnant women and infants who are Medicaid eligible and assist them in applying for Medicaid.
- Provide data related to the National Performance Measures, the State Performance Measures, Health Systems Capacity Indicators, and the Health Status Indicators.

FY 2011-2015 Needs Assessment Priorities

[The FY 2011 MCH Needs Assessment](#) served as an essential tool to reflect on system changes and examine the health status of Virginia's families. Although there have been improvements in some areas, there continue to be disparities based on race, income, age, insurance coverage and areas of the state. These variations continue to present challenges. Based on this assessment, the following MCH priorities

were identified and will provide guidance for MCH related activities and funding during FY 2011 – FY 2015:

1. Reduce infant mortality.
2. Reduce injuries, violence, and suicide among the Title V population.
3. Increase access to dental care and population-based prevention of dental disease across the lifespan.
4. Decrease childhood obesity.
5. Decrease childhood hunger.
6. Improve access to health care services for CSHCN.
7. Promote independence of young adults with special health care needs;
8. Support optimal child development.

FY 2015 – Selected Planned Activities for Pregnant Women and Infants

- The Division of Community Nutrition (DCN) will continue to offer the web-based training course in lactation management and web-based performance improvement initiative (www.BFConsortium.org) to promote and support exclusive breastfeeding.



- The Breast Feeding Peer Counselors (BFPC) will continue in each of the 35 health districts.
- The Division of Child and Family Health (DCFH) will continue collaboration with the Virginia Chapter of the March of Dimes on StrongStart, a CMS innovation led by the Virginia Commonwealth University using Virginia's CenteringPregnancy® prenatal care model in the development and adoption of core outcome indicators.
- The Virginia Healthy Start Initiative (VHSI), Resource Mothers, the Maternal, Infant and Early Childhood Home Visiting projects and the local health

department maternity and family planning clinics will continue to assess for tobacco use during pregnancy and the interconception period and provide smoking cessation education and counseling. Pregnant women who smoke will be referred to the Virginia Quitline.

- The district health departments that provide perinatal services will continue to provide education regarding the signs and symptoms of preterm labor and healthy nutrition during pregnancy. All local health departments will offer pregnancy testing and, if positive, provide patient counseling and referral for prenatal care within two weeks.
- Title V funds will continue to support local health department services that address perinatal issues such as access to obstetrical care, education on breastfeeding, and reduction in low weight births.
- Efforts to promote telemedicine are included in the Thriving Infants Strategic Plan. These efforts include working with the Atlantic Telehealth Resource Center on promoting text4baby.

- The Dental Health Program (DHP) staff will continue participation on the Thriving Infants Strategic Plan's Dental Health Implementation Team. DPH will also continue to collaborate with the Virginia Oral Health Coalition to support training obstetricians regarding oral health recommendations for pregnant women.
- A brief survey regarding oral health knowledge and behaviors and specifically addressing dental visits during pregnancy is tentatively planned as a part of the expanded WIC services.
- Folic Acid will continue to be available for all women receiving any service at local health departments.
- VDH will continue to partner with the Department of Medical Assistance (DMAS) and the Department of Social Services (DSS) to increase the utilization of the Plan First family planning program. Local health departments will continue to educate patients regarding Plan First and work closely with local DSS offices to improve application accuracy and increase enrollment.
- VDH will continue to provide breast and cervical screening services to low-income uninsured/underinsured women between the ages of 18-64.
- The Virginia Maternal Mortality Review Team will continue to review maternal deaths to assess the community systems of care and identify system changes that may prevent future pregnancy-associated deaths.
- The Pregnancy Risk Assessment Monitoring System (PRAMS) and other surveillance activities will continue to provide information used to identify groups of women and infants at high risk for health problems, to monitor changes in health status, and to measure progress towards goals in improving the health of mothers and infants.

FY 2015 – Selected Planned Activities for Children

- The Bright Futures website (www.healthyfuturesva.com/default.html) will be updated and maintained. Bright Futures provides anticipatory guidance that covers child development, oral health, immunizations, healthy weight/nutrition, and medical visits through age four.



- Teen pregnancy prevention strategies will be included in the VDH Thriving Infants Strategic Plan. The strategies include linking a reproductive life plan and health plan with the use of technological tools utilized in the VDH family planning clinics and other public and private clinics that serve teens.
- The Talk2Me toolkit will be revised and updated. The abstinence education coordinator will continue to promote Talk2Me, a toolkit for parents to facilitate the conversation with teens regarding sexuality and teen pregnancy prevention.
- VDH family planning clinics in local health departments will continue to provide reproductive health services and education to teens.

- The DHP will continue to focus on population-based activities including oral health education, fluoride rinse, topical fluoride applications, sealant application and promotion and community water fluoridation to reduce the disease burden of tooth decay.
- The DHP's increasing emphasis on prevention services and population-based programs will be fully implemented in FY 15 with expansion of district dental hygienists, operating under remote supervision. The dental hygienists' responsibilities will include direct preventive services in schools and community settings as well as education, oral health promotion, linking identified children with dental caries to sources of care in the community and placing dental sealants on the teeth of high risk children.
- A statewide basic dental screening survey of third graders will begin in the fall of 2014. The Survey will include a parent questionnaire and an open mouth screening of over 9,000 children chosen as a representative sample of Virginia children.
- The DHP will continue to work with the Medical Society of Virginia and Medicaid Managed Care to promote awareness and implementation of the Bright Smiles for Babies (BSB) program to Medicaid providers. The DHP will continue to collaborate with DSS to reach early child providers. Licensed day care providers will be targeted for training in the fall of 2014.
- VDH will continue to provide monitoring of water systems for optimal fluoridation and will continue to provide funding to communities to start or upgrade their water systems.
- The Virginia Youth Survey and other surveillance activities will continue to provide information that may be used to monitor changes in health status, and to measure progress towards goals in improving children's health.
- The State Child Fatality Review Team will continue to examine the specific circumstances of child death and make recommendations for prevention of child injury and violence.
- VDH will continue to support local health department services that address obesity, injury prevention, children's dental health and childhood immunizations.
- During Childhood Obesity Awareness Month, the Healthy Eating and Active Living program (HEAL) will sponsor a 95210 media campaign in high risk areas and other outreach activities to encourage the development of a healthy lifestyle (9 hours of sleep; 5 servings of fruits and vegetables; 2 hours or less of screen time outside of school; 1 hour or more of physical activity; and zero sugary beverages). HEAL will also provide a webinar targeting early child care providers regarding 95210.
- The DCN will work with state partners to increase WIC enrollment and provide nutritional support to low income participants through the Summer Food Service Program (SFSP) and the Child and Adult Care Food Program (CACFP).
- VDH will continue to collaborate with multiple state and local partners to help reduce rates of uninsured individuals. VDH will integrate outreach and referral activities into program efforts and continue to participate in the state mandated Children's Health Insurance Advisory Committee.

FY 2015 – Selected Planned Activities for Children with Special Health Care Needs (CSHCN)

- The Virginia Newborn Screening Program (VNSP) will continue to screen all infants born in Virginia for metabolic disorders, track and follow up on all abnormal results, and assure that confirmed cases are referred into treatment in a timely manner.
- VNSP, in partnership with the University of Virginia Continuing Medical Education, will launch an educational website on newborn screening and will include modules on critical congenital heart disease (CCHD) and bloodspot screening and a link to a module on hearing screening.
- It is anticipated that Severe Combined Immunodeficiency (SCID) will be added to the newborn screening panel in January 2015.

Children with Special Health Care Needs



- The Care Connection for Children (CCC) network of six Centers of Excellence will continue to provide information and referrals to resources, care coordination, family-to-family support, and assistance to families of CSHCN.
- Strengthening family partnerships will continue as a high priority for all CSHCN programs. Families will continue to serve on all CSHCN advisory boards.
- The Virginia Bleeding Disorders Program (VBDP) will continue to provide coordinated, family-oriented, multidisciplinary services for persons with bleeding disorders. The VBDP will continue to support families who infuse at home, and maintain a strong network of social workers to help families meet their insurance needs.
- The CCC and the VBDP will continue to partner with the Virginia Dental Program to improve access to dental care and promote dental homes for CSHCN.
- The Child Development Clinics, the CCC centers, and the VBDP will continue to refer all potentially eligible children to Medicaid, FAMIS, PCIP, compassionate use, and SSI programs and follow-up with families to assure that their applications are processed. Program staff will also continue to educate clients regarding their insurance options including insurance offered through the Affordable Care Act.
- The “Care Coordination Notebook – Financing and Managing Your Child’s Health Care” will continue to be used and will be updated as needed to reflect changes resulting from the Affordable Care Act.
- The Virginia Early Hearing Detection and Intervention Program (VEHDIP) will continue to work closely with hospitals and physicians to ensure that all infants have hearing screens and timely follow-up. VEHDIP will promote the use of the web-based trainings on VEHDIP 1-3-6 goals for otolaryngologists, audiologists, early intervention providers and primary medical providers.

- The Hearing Aid Loan Bank will continue to provide gap-filling services to families of children with hearing loss.
- The national case management certification will remain a goal for CCC staff.
- The CCC centers will continue to survey families to determine their satisfaction with the services and make necessary changes to better meet family needs.
- The Child Development Centers will continue to provide multidisciplinary diagnostic evaluations of children suspected of having developmental and/or behavioral disorders.
- The Sickle Cell Program will continue to provide information about the disorder to the public and health care professionals and offer screening, referral, counseling and follow-up services to Virginians at risk for sickle cell disease.
- The CCC, VBDP and the Sickle Cell program staff will continue to assist families in developing transition plans. The CSHCN staff is currently developing a 1-2 page transition checklist that care coordinators and physicians can use to help families develop their transition plans. A meeting with CCC program directors, physician consultants and the parent resource coordinators statewide will be held in the spring to discuss the implementation of the transition checklist.

Selected Virginia Health Status/Health Systems Capacity Indicators

	2009	2010	2011	2012	2013
The % of women (15-44) with a live birth during the reporting year whose prenatal visits are considered adequate.	76.5%	73.8%	77%	75.5%	77.2 ¹
The % of live births weighing less than 2,500 grams.	8.2%	8.1%	8.5%	8.0%	7.8% ¹
The % of live births weighing less than 1,500 grams.	1.5%	1.4%	1.4%	1.5%	1.4% ¹
The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.	5.1	4.6	5.5	6.5	6.0 ¹
The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.	1.2	.07	1.6	1.0	1.2 ¹
The rate per 1,000 women aged 15 through 19 years with a reported case of Chlamydia.	31.7	29.6	33	30.9	27.5
The rate per 1,000 women aged 20 through 44 years with a reported case of Chlamydia.	9.9	10.1	11.5	11.4	11.0
The rate of children hospitalized for asthma per 10,000 children less than five years of age.	27.3	26.3	25.2	23.2	23.3 ¹

¹**Provisional Data**

Virginia's National and State Performance Measures – Women of Child Bearing Age, Pregnant Women and Infants

	2009	2010	2011	2012	2013
The % of mothers who breastfeed their infants at 6 months of age.	46%	42.8%	40.8%	48.2%	54.6% ¹
The rate of birth per 1,000 for teenagers aged 15 through 17.	14.5	12.5	11.1	10.2	10.3 ¹
The % of newborns that have been screened for hearing before hospital discharge.	96.8%	96.5%	95.6%	96.1%	98.9% ¹
The % of women who smoke in the last three months of pregnancy.	6.3%	5.8%	5.1%	5.1%	4.4% ¹
The % of women with a live birth who went to a dentist during pregnancy.	40.0%	48.8%	40.1%	----- ⁰	----- ⁰
The % of infants born to pregnant women receiving prenatal care beginning in the first trimester.	82.8%	81.9%	85.3%	83%	85.8% ¹
The % of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.	86.1%	84.9%	89.6%	88.1%	85.0% ¹
The % of women ages 18-44 who report good/very good/excellent health	88.3%	91.6%	88.4%	91.2%	91.2% ¹
The % of infants born preterm (gestational age less than 37 weeks completed)	10.2%	10.0%	9.5%	9.5%	9.2% ¹
The % of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for conditions mandated by the state-sponsored newborn screening program.	100%	100%	100%	100%	100% ¹

⁰Data is not currently available

¹Provisional Data

Virginia's National and State Performance Measures – Children's Health

	2009	2010	2011	2012	2013
The % of 19 to 35 month olds who have received the full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.	70.3%	70.4%	74.2%	77%	71.1% ¹
The % of third grade children who have received protective sealants on at least one permanent molar tooth.	49.4%	49.4%	49.4%	73.6% ²	73.6% ²
The % of low income third grade children with dental caries.	25.3%	15.4%	12.4%	12.4% ¹	----- ⁰
The % of low income children (ages 0-4) with dental caries.	17.8%	19.4%	18.4%	17.2%	15.4%
The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children	1.4	1.2	1.6	1.2	1.4 ¹
The rate of childhood unintentional injury hospitalizations per 100,000 children ages 0-19.	146.4	126.0	132.0	138.0	----- ⁰
The % of children without health insurance.	7.4%	7.1%	8.4%	5.9%	5.7% ¹
The % of children eligible for WIC that are enrolled in WIC, ages 0 – 5.	69.3%	75.8%	74.1%	76.5%	76.7%
The % of eligible children participating in the Summer Food Service Program (SFSP).	—	—	11.8%	13.8%	11.7%
The % of eligible children in daycare participating in the Child and Adult Care Food Program (CACFP).	—	—	25.7%	37%	25.8%
The percent of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85 th percentile.	33.5%	30%	30%	30.2%	27.4%
The rate (per 100,000) of suicide deaths among youth aged 15 through 19.	7.6	6.7	8.3	8.5	7.6 ¹
The % of 9 th - 12 th graders who have ever been bullied on school property during the past 12 months.	22%	22%	22%	22%	20.3% ¹

⁰2013 Data is not currently available

¹Provisional data

² The schools selected for this sentinel survey were primarily in urban/suburban areas of the Commonwealth, possibly leading to an over estimate of dental sealant coverage for the larger weighted sample.

Virginia's National and State Performance Measures – Children with Special Health Care Needs

	2007	2008	2009	2010	2011
The % of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive.	59.8% ³				77.1% ⁴
The % of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.	43.9% ³				42.4% ⁴
The % of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need.	63.7% ³				65.2% ⁴
The % of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so that they can use them easily.	89.6% ³				67% ⁴
The % of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.	37.8% ³				44.9% ⁴
The % of children with special health care needs age 0 to 18 whose family's partner in decision making at all levels and are satisfied with the services they receive.	59.8% ³				77.1% ⁴

³Data from the 2005-2006 National Survey of Children with Special Health Care Needs

⁴ Data from the 2009-2010 National Survey of Children with Special Health Care Needs

Selected Virginia Outcome Measures

	2009	2010	2011	2012	2013
The infant mortality rate per 1,000 live births.	7.0	6.8	6.7	6.3	6.1 ¹
The ratio of the black infant mortality rate to the white infant mortality rate.	2.5	2.6	2.7	2.8	2.9 ¹
The perinatal mortality rate per 1,000 live births plus fetal deaths.	5.9	6.1	6.2	6.2	6.0 ¹
The child death rate per 100,000 children aged 1-14.	13.8	12.6	15.2	14.9	15.4 ¹

¹Provisional Data.

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Additional Links:

Maternal and Child Health Bureau <http://mchb.hrsa.gov/>

Title V Information System <https://mchdata.hrsa.gov/tvisreports/>

Maternal and Child Health Library <http://www.mchlibrary.info/>

Virginia Department of Health, Office of Family Health Services <http://www.vahealth.org/>

Visit <http://www.vdh.virginia.gov/OFHS/policy/> to view the draft 2015 Virginia Maternal and Child Health Block Grant Application and 2013 Annual Report. If you have comments regarding the draft 2015 Virginia MCH block Grant Application you may forward those comments to Emily.Mcclellan@virginia.gov. All comments must be received by **July 1, 2014**.